

B6D (Official Form 6D) (12/07)

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Linens</b>					
<b>ANGELICA CORPORATION P O BOX 535122 ATLANTA, GA 30353-5122</b>		-						
			Value \$ <b>Unknown</b>				<b>7,248.84</b>	<b>Unknown</b>
Account No.			<b>Lab equipment</b>					
<b>DE LAGE LANDEN P O BOX 41602 PHILADELPHIA, PA 19101-1602</b>		-						
			Value \$ <b>Unknown</b>				<b>2,187.61</b>	<b>Unknown</b>
Account No.			<b>Dishwasher</b>					
<b>ECOLAB P O BOX 70343 CHICAGO, IL 60673-0343</b>		-						
			Value \$ <b>Unknown</b>				<b>114.95</b>	<b>Unknown</b>
Account No.			<b>McKesson Paragon Billing Hardware &amp; Software for Medicare</b>					
<b>FIRST FINANCIAL DEPT #2067 P O BOX 87618 CHICAGO, IL 60680</b>		-						
			Value \$ <b>Unknown</b>				<b>2,072,870.00</b>	<b>Unknown</b>
Subtotal (Total of this page)							<b>2,082,421.40</b>	<b>0.00</b>

4 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Copiers</b>					
<b>GREAT AMERICA LEASING CORP P O BOX 660831 DALLAS, TX 75266-0831</b>	-							
			Value \$ <b>Unknown</b>				<b>4,325.00</b>	<b>Unknown</b>
Account No.			<b>PCA pumps</b>					
<b>HPES HEALTHCARE PROF EQUIP SVCS P O BOX 318 ELLIS, KS 67637</b>	-							
			Value \$ <b>Unknown</b>				<b>2,400.00</b>	<b>Unknown</b>
Account No.			<b>Oxygen tanks</b>					
<b>JAMES SUPPLY P O BOX 360 PAULS VALLEY, OK 73075</b>	-							
			Value \$ <b>Unknown</b>				<b>5,900.26</b>	<b>Unknown</b>
Account No.			<b>Lab equipment</b>					
<b>LEASING ASSOCIATES OF BARRINGTON 33 WEST HIGGINS ROAD SUITE 1030 SOUTH BARRINGTON, IL 60010</b>	-							
			Value \$ <b>Unknown</b>				<b>77,983.00</b>	<b>Unknown</b>
Account No.			<b>Pacs, Portable xray</b>					
<b>LFC CAPITAL INC MB FINANCIAL BANK, NA LEASING 6111 NORTH RIVER RD, 9th FLOOR ROSEMONT, IL 60018</b>	-							
			Value \$ <b>Unknown</b>				<b>126,127.00</b>	<b>Unknown</b>
Subtotal							<b>216,735.26</b>	<b>0.00</b>
(Total of this page)								

Sheet 1 of 4 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  <b>PAGE PLUS, INC. 10222 EAST 41 STREET TULSA, OK 74146</b>		<b>Pagers</b>	-					<b>256.25</b>	<b>Unknown</b>
Account No.  <b>PAINE BUSINESS MACHINES 205 W PAUL AVENUE PAULS VALLEY, OK 73075</b>		<b>Copiers</b>	-					<b>4,275.00</b>	<b>Unknown</b>
Account No.  <b>PAULS VALLEY GENERAL HOSPITAL/FUB DEBT S 100 VALLEY DRIVE TRAN FROM OPERA, OK 73075</b>		<b>Hospital Revenue, Mortgage on Property</b>	-					<b>635,777.00</b>	<b>Unknown</b>
Account No.  <b>PAULS VALLEY NATIONAL BANK 101 WEST PAUL PAULS VALLEY, OK 73075</b>		<b>Coag analyzer, laparoscopy</b>	-					<b>772,662.00</b>	<b>Unknown</b>
Account No.  <b>PITNEY BOWES GLOBAL FINAN SVCS P O BOX 371887 PITTSBURG, PA 15250-7887</b>		<b>Postage Machine</b>	-					<b>1,401.76</b>	<b>Unknown</b>
<div style="display: flex; justify-content: space-between;"> <span>Sheet <b>2</b> of <b>4</b> continuation sheets attached to Schedule of Creditors Holding Secured Claims</span> <span>Subtotal (Total of this page)</span> </div>								<b>1,414,372.01</b>	<b>0.00</b>

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>MRI</b>					
<b>SIEMENS FINANCIAL SERVICES P O BOX 2083 CAROL STREAM, IL 60132-2083</b>	-							
			Value \$ <b>Unknown</b>				<b>2,649.00</b>	<b>Unknown</b>
Account No.			<b>Bed Rentals</b>					
<b>SIZEWISE RENTALS P O BOX 320 ELLIS, KS 67637</b>	-							
			Value \$ <b>Unknown</b>				<b>324.00</b>	<b>Unknown</b>
Account No.			<b>Chillers</b>					
<b>SOVEREIGN LEASING LLC P O BOX 14565 READING, PA 19612</b>	-							
			Value \$ <b>Unknown</b>				<b>211,044.00</b>	<b>Unknown</b>
Account No.			<b>Willows Mortgage</b>					
<b>ST ANTHONY BUS OFFICE ACCT # 1055200 P O BOX 205 OKLAHOMA CITY, OK 73101-0205</b>	-							
			Value \$ <b>Unknown</b>				<b>1,096,457.38</b>	<b>Unknown</b>
Account No.			<b>Builders</b>					
<b>STATE BANK OF WYNNEWOOD P O BOX 369 WYNNEWOOD, OK 73098</b>	-							
			Value \$ <b>Unknown</b>				<b>47,657.00</b>	<b>Unknown</b>
Subtotal							<b>1,358,131.38</b>	<b>0.00</b>
(Total of this page)								

Sheet **3** of **4** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
<b>TRACTMANAGER INC P O BOX 637785 CINCINNATI, OH 45263-7785</b>			<b>Scanner</b>					
			Value \$ <b>Unknown</b>				<b>11,772.40</b>	<b>Unknown</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal							<b>11,772.40</b>	<b>0.00</b>
(Total of this page)								
Total							<b>5,083,432.45</b>	<b>0.00</b>
(Report on Summary of Schedules)								

Sheet **4** of **4** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Unemployment Insurance/Taxes</b>					
<b>OKLAHOMA EMPLOYMENT SEC. COMM. P O BOX 52004 OKLAHOMA CITY, OK 73152-2004</b>	-						<b>41,895.61</b>	<b>0.00</b>
Account No.			<b>Taxes</b>					
<b>OKLAHOMA TAX COMMISSION BUSINESS TAX DIVISION 2501 North Lincoln Blvd. Oklahoma City, OK 73194-0009</b>	-						<b>44,537.01</b>	<b>0.00</b>
Account No.			<b>Taxes</b>					
<b>UNITED STATES TREASURY INTERNAL REVENUE SERVICE P.O. BOX 105083 ATLANTA, GA 30348-5083</b>	-						<b>423,539.95</b>	<b>0.00</b>
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal  
(Total of this page)**509,972.57**  
**0.00**  
**509,972.57**Total  
(Report on Summary of Schedules)**509,972.57**  
**0.00**  
**509,972.57**

B6F (Official Form 6F) (12/07)

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.  <b>A T &amp; T P O BOX 5001 CAROL STREAM, IL 60197-5001</b>		-					<b>2,510.60</b>
Account No.  <b>ABBOTT NUTRITION P O BOX 92679 CHICAGO, IL 60675-2679</b>		-					<b>619.69</b>
Account No.  <b>ABILITY NETWORK INC DEPT CH 16577 PALATINE, IL 60055-6577</b>		-					<b>1,440.00</b>
Account No.  <b>ABLA, CHARLENE 301 Melville # 116 Pauls Valley, OK 73075</b>		-				X	<b>41.30</b>
Subtotal (Total of this page)							<b>4,611.59</b>

82 continuation sheets attached



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>ADA COCA COLA DR PEPPER P O BOX 1607 ADA, OK 74820</b>	-					<b>68.80</b>
Account No.		<b>Trade Debt</b>				
<b>ADA OPEN MRI 11101 HEFNER POINTE DR. # 214 OKLAHOMA CITY, OK 73120</b>	-					<b>635.73</b>
Account No.		<b>Trade Debt</b>				
<b>ADMINISTRATIVE CONSULTANT SVCS P O BOX 3368 SHAWNEE, OK 74802</b>	-					<b>42,467.18</b>
Account No.		<b>Trade Debt</b>				
<b>ADMOTIONS DIRECT 2333 EAST BRITTON ROAD OKLAHOMA CITY, OK 73131</b>	-					<b>6,345.38</b>
Account No.		<b>Trade Debt</b>				
<b>AESCLAP INC. 3773 CORPORATE PARKWAY CENTER VALLEY, PA 19178-2451</b>	-					<b>404.04</b>
Sheet no. <u>1</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>49,921.13</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>AHA SERVICES INC P O BOX 933283 ATLANTA, GA 31193-3283</b>	-					<b>101.90</b>
Account No.		<b>Trade Debt</b>				
<b>AIRSCAN TECH P O BOX 1539 SPRINGTOWN, TX 76082</b>	-					<b>815.00</b>
Account No.		<b>Trade Debt</b>				
<b>ALCON LABORATORIES P O BOX 951125 DALLAS, TX 75395</b>	-					<b>139.00</b>
Account No.		<b>Trade Debt</b>				
<b>ALEA TECHNOLOGY GROUP INC 231 SHANNON LAKE CIRCLE GREENVILLE, SC 29615</b>	-					<b>18,400.00</b>
Account No.		<b>Trade Debt</b>				
<b>ALERE NORTH AMERICA, INC. P O BOX 846153 BOSTON, MA 02284-6153</b>	-					<b>4,138.75</b>
Sheet no. <u>2</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>23,594.65</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>ALLERGAN USA INC 12975 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0129</b>	-					<b>212.00</b>
Account No.		<b>Trade Debt</b>				
<b>ALPHA SOURCE INC BOX 1170 MILWAUKEE, WI 53201-1170</b>	-					<b>15.70</b>
Account No.		<b>Trade Debt</b>				
<b>AMBASSADOR COMPANY P O BOX 890287 CHARLOTTE, NC 28289-0287</b>	-					<b>500.00</b>
Account No.		<b>Trade Debt</b>				
<b>AMERICAN HOSPITAL ASSOCIATION P O BOX 92247 CHICAGO, IL 60675-2247</b>	-					<b>101.95</b>
Account No.		<b>Trade Debt</b>				
<b>AMERIDOSE P O BOX 4140 WOBURN, MA 01888-4140</b>	-					<b>59.80</b>
Sheet no. <u>3</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>889.45</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>AMERIFACTORS</b> <b>P O BOX 628004</b> <b>ORLANDO, FL 32862-8004</b>	-	Trade Debt				206.62	
Account No.  <b>AMERISOURCEBERGEN DRUG CORP</b> <b>P O BOX 905816</b> <b>CHARLOTTE, NC 28290-5816</b>	-	Trade Debt				2,930.42	
Account No.  <b>AMUNDSEN FOOD EQUIPMENT</b> <b>1740 W MAIN ST</b> <b>OKLAHOMA CITY, OK 73106</b>	-	Trade Debt				522.70	
Account No.  <b>APPL, KATHRYN L</b> <b>3210 S Chickasaw</b> <b>Pauls Valley, OK 73075</b>	-	1/31/2011 Patient Refund/Overpayment on Account			X	100.00	
Account No.  <b>APPLIED MEDICAL</b> <b>P O BOX 75001</b> <b>CITY OF INDUSTRY, CA 91716-9759</b>	-	Trade Debt				557.00	
Sheet no. <u>4</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>4,316.74</b>	

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>ARBUCKLE MEMORIAL HOSPITAL 2011 W BROADWAY SULPHUR, OK 73086</b>	-					<b>1,632.52</b>
Account No.		<b>Trade Debt</b>				
<b>ARJO INC P O BOX 644960 PITTSBURGH, PA 15264-4960</b>	-					<b>3,835.92</b>
Account No.		<b>Trade Debt</b>				
<b>ARNOLD OUTDOOR INC P O BOX 1105 EDMOND, OK 73083</b>	-					<b>1,400.00</b>
Account No.		<b>Trade Debt</b>				
<b>ASEPTIC ENCLOSURES 3720 HAMPTON AVE STE 204 ST LOUIS, MO 63109</b>	-					<b>416.95</b>
Account No.		<b>Trade Debt</b>				
<b>AUTOMATIC FIRE CONTROL INC 1708 SE 22ND ST OKLAHOMA CITY, OK 73129</b>	-					<b>850.00</b>
Sheet no. <u>5</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>8,135.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>BALLARD, JO A</b> <b>12345 County Rd 3450</b> <b>Stratford, OK 74872</b>		<b>11/30/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>72.96</b>	
Account No.  <b>BARD</b> <b>P O BOX 75767</b> <b>CHARLOTTE, NC 28275</b>		<b>Trade Debt</b>				<b>743.82</b>	
Account No.  <b>BARD PERIPHERAL</b> <b>P.O. BOX 75767</b> <b>CHARLOTTE, NC 28275</b>		<b>Trade Debt</b>				<b>209.00</b>	
Account No.  <b>BARKER, CALAE</b> <b>408 N Taylor</b> <b>Wynnewood, OK 73098</b>		<b>11/30/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>150.00</b>	
Account No.  <b>BAXA CORPORATION</b> <b>DEPARTMENT 1283</b> <b>DENVER, CO 80256</b>		<b>Trade Debt</b>				<b>34.10</b>	
Sheet no. <b>6</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,209.88</b>	

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>BAXTER HEALTHCARE CORP</b> <b>P O BOX 730531</b> <b>DALLAS, TX 75373</b>	-	<b>Trade Debt</b>				<b>8,967.99</b>
Account No.  <b>BAYLESS DRUG</b> <b>P O BOX 150</b> <b>STRATFORD, OK 74872</b>	-	<b>Trade Debt</b>				<b>92.71</b>
Account No.  <b>BAZOR, RAYMOND W</b> <b>33069 E CR 1690</b> <b>Wynnewood, OK 73098</b>	-	<b>9/1/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>109.60</b>
Account No.  <b>BAZOR, RAYMOND W</b> <b>33069 E CR 1690</b> <b>Wynnewood, OK 73098</b>	-	<b>11/30/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>109.60</b>
Account No.  <b>BECHTEL, LAHOMA</b> <b>498 County Road 1399</b> <b>Chickasha, OK 73018</b>	-	<b>10/31/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>155.00</b>
Sheet no. <u>7</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>9,434.90</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>BECHTEL, LAHOMA</b> <b>498 County Road 1399</b> <b>Chickasha, OK 73018</b>	-	<b>1/31/2011</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>163.55</b>
Account No.  <b>BECKMAN COULTER, INC.</b> <b>DEPT. CH 10164</b> <b>PALATINE, IL 60055-0164</b>	-	<b>Trade Debt</b>				<b>1,242.37</b>
Account No.  <b>BELLS INTERNATIONAL</b> <b>4009 MARATHON BLVD</b> <b>AUSTIN, TX 78756</b>	-	<b>Trade Debt</b>				<b>2,279.90</b>
Account No.  <b>BESON BRENT MD</b> <b>4221 S WESTERN AVE SUITE 5000</b> <b>OKLAHOMA CITY, OK 73109</b>	-	<b>Trade Debt</b>				<b>64.78</b>
Account No.  <b>BEVERS, LORETTA</b> <b>31778 E CR 1650</b> <b>Elmore City, OK 73433</b>	-	<b>1/31/2011</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>172.00</b>
Sheet no. <u>8</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,922.60</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>BILL MELTON DENTAL LAB 309 E FREEMAN DAVIS, OK 73030</b>	-					<b>325.00</b>
Account No.		<b>Trade Debt</b>				
<b>BIRCH COMMUNICATIONS DEPT AT 952855 ATLANTA, GA 31192-2855</b>	-					<b>64.80</b>
Account No.		<b>Trade Debt</b>				
<b>BKD LLP 6120 S YALE AVE STE 1400 TULSA, OK 74136-4223</b>	-					<b>21,997.48</b>
Account No.		<b>Trade Debt</b>				
<b>BLACKBURN HOME CENTER 320 W PAUL AVE PAULS VALLEY, OK 73075</b>	-					<b>1,868.03</b>
Account No.		<b>Trade Debt</b>				
<b>Boaz &amp; Associates Three Corporate Plaza 3613 N.W. 56th Street, STE 300 Oklahoma City, OK 73112</b>	-					<b>1,437.70</b>
Sheet no. <u>9</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>25,693.01</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>BOND THE FLORIST 905 N OAK ST PAULS VALLEY, OK 73075</b>	-					<b>164.60</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>BOOKER, JOHNNIE P O Box 741 Stratford, OK 74872</b>	-				<b>X</b>	<b>14.00</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>BOOKER, JOHNNIE P O Box 741 Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>14.00</b>
Account No.		<b>Trade Debt</b>				
<b>BOONE &amp; BOONE SALES CO INC 5484 S 103RD E AVE TULSA, OK 74146</b>	-					<b>132.76</b>
Account No.		<b>Trade Debt</b>				
<b>BORDEN MEADOW GOLD DAIRIES P O BOX 972384 DALLAS, TX 75397-0238</b>	-					<b>2,732.89</b>
Sheet no. <u>10</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,058.25</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>11/30/2010</b>				
<b>BOSTICK, SALLIE F</b> <b>402 S Taylor</b> <b>Wynnewood, OK 73098</b>	-		<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>25.00</b>
Account No.			<b>Trade Debt</b>				
<b>BOYCE BYNUM PATH LAB PC</b> <b>P O BOX 7406</b> <b>COLUMBIA, MO 65205</b>	-						<b>26.72</b>
Account No.			<b>Trade Debt</b>				
<b>BRACCO</b> <b>107 COLLEGE ROAD EAST</b> <b>PRINCETON, NJ 08540</b>	-						<b>675.00</b>
Account No.			<b>Trade Debt</b>				
<b>BREATH OF LIFE</b> <b>P O BOX 610329</b> <b>DALLAS, TX 75261-0329</b>	-						<b>750.00</b>
Account No.			<b>Trade Debt</b>				
<b>BRIGGS CORPORATION</b> <b>P O BOX 1355</b> <b>DES MOINES, IA 50305-1355</b>	-						<b>156.40</b>
Sheet no. <u>11</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>1,633.12</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>BUSINESS IMAGING SYSTEMS INC P O BOX 20007 OKLAHOMA CITY, OK 73156</b>	-	<b>Trade Debt</b>				<b>6,288.40</b>
Account No.  <b>CABLE PRINTING/LINDSAY NEWS 117 S MAIN LINDSAY, OK 73052</b>	-	<b>Trade Debt</b>				<b>9.60</b>
Account No.  <b>CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433</b>	-	<b>9/1/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.  <b>CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433</b>	-	<b>11/30/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.  <b>CALLIBRA INC SUITE 838 150 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173</b>	-	<b>Trade Debt</b>				<b>1,250.00</b>
Sheet no. <u>12</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>7,588.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>CAPITAL CITY PROCESSORS LLC P O BOX 94148 OKLAHOMA CITY, OK 73143</b>	-					<b>375.00</b>
Account No.		<b>Trade Debt</b>				
<b>CARDINAL HEALTH P O BOX 730112 DALLAS, TX 75373-0112</b>	-					<b>26,692.95</b>
Account No.		<b>Trade Debt</b>				
<b>CARDINAL HEALTH 411 INC P O BOX 847384 DALLAS, TX 75284-7384</b>	-					<b>9,263.40</b>
Account No.		<b>Trade Debt</b>				
<b>CARDINAL HEALTH SPECIALTY 14265 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</b>	-					<b>1,314.35</b>
Account No.		<b>Trade Debt</b>				
<b>CAREER BUILDER LLC 13047 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0130</b>	-					<b>5,000.00</b>
Sheet no. <u>13</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>42,645.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>Trade Debt</b>				
<b>CAREERSTAFF UNLIMITED-OKLAHOMA C/O CAREERSTAFF UNLIMITED P O BOX 200528 HOUSTON, TX 77216-0528</b>		-					<b>4,356.05</b>
Account No.			<b>Trade Debt</b>				
<b>CAREFUSION 3750 Torrey View Court San Diego, CA 92130</b>		-					<b>4,019.11</b>
Account No.			<b>Trade Debt</b>				
<b>CAREFUSION V MUELLER 131 SOUTH DEARBORN 6TH FLOOR CAREFUSION 2200 LOCKBOX 25146 CHICAGO, IL 60603</b>		-					<b>789.83</b>
Account No.			<b>Trade Debt</b>				
<b>CARESTREAM HEALTH, INC. DEPT CH 19286 PALATINE, IL 60055-9286</b>		-					<b>25,031.76</b>
Account No.			<b>Trade Debt</b>				
<b>CDW GOVERNMENT 200 NORTH MILWAUKEE AVE VERNON HILLS, IL 60061</b>		-					<b>9,029.70</b>
Sheet no. <u>14</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>43,226.45</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>CENTURION MEDICAL PRODUCTS P O BOX 842816 BOSTON, MA 02281-2816</b>	-					<b>5,306.50</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>CHEATHAM, TAMMY L 114 E Gardner Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>17.69</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>CHEATHAM, TAMMY L 114 E. Gardner Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>17.69</b>
Account No.		<b>Trade Debt</b>				
<b>CHICKASAW PERSONAL COMMUNICATIONS P.O. BOX 2556 ARDMORE, OK 73402</b>	-					<b>471.00</b>
Account No.		<b>Trade Debt</b>				
<b>CHICKASAW TELECOM INC 5 NORTH MCCORMICK OKLAHOMA CITY, OK 73127-6620</b>	-					<b>40,876.82</b>
Sheet no. <u>15</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>46,689.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>CHRIS WHYBREW 1215 W Edgewater Place Broken Arrow, OK 74012</b>	-				<b>X</b>	<b>260,000.00</b>
Account No.		<b>Trade Debt</b>				
<b>CHURCH OF CHRIST P O BOX 476 PAULS VALLEY, OK 73075</b>	-					<b>3,000.00</b>
Account No.		<b>Trade Debt</b>				
<b>CIMARRON INS EXCHANGE, RRG P O BOX 1838 OKLAHOMA CITY, OK 73101-1838</b>	-					<b>197,024.90</b>
Account No.		<b>Trade Debt</b>				
<b>CINTAS DOCUMENT MANAGEMENT P O BOX 633842 CINCINNATI, OH 45263</b>	-					<b>1,032.60</b>
Account No.		<b>Trade Debt</b>				
<b>CITY OF PAULS VALLEY WATER DEPARTMENT BOX 778 PAULS VALLEY, OK 73075</b>	-					<b>4,610.48</b>
Sheet no. <u>16</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>465,667.98</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>CITY OF PAULS VALLEY - EMS BOX 778 PAULS VALLEY, OK 73075</b>	-					<b>6,500.00</b>
Account No.		<b>Trade Debt</b>				
<b>CLEAR ADVANTAGE COLLAR, INC. BIBBY FINANCIAL SVCS MIDWEST, INC. 14906 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</b>	-					<b>1,345.00</b>
Account No.		<b>Trade Debt</b>				
<b>CLIFFORD POWER SYSTEMS P O BOX 875500 KANSAS CITY, MO 64187-5500</b>	-					<b>1,241.00</b>
Account No.		<b>Trade Debt</b>				
<b>CLINICAL SOFTWARE SOLUTIONS 20940 EAST MEWES ROAD QUEEN CREEK, AZ 85242</b>	-					<b>3,799.69</b>
Account No.		<b>Trade Debt</b>				
<b>CLT REFRIGERATION INC. 404 S EARL ST PAULS VALLEY, OK 73075</b>	-					<b>463.88</b>
Sheet no. <u>17</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>13,349.57</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>Trade Debt</b>				
<b>CMS COMMUNICATIONS, INC. P O BOX 790372 ST LOUIS, MO 63179-0379</b>	-						<b>2,922.56</b>
Account No.			<b>Trade Debt</b>				
<b>COASTLINE PHARMACEUTICALS LLC P O BOX 548 POOLER, GA 31322</b>	-						<b>132.00</b>
Account No.			<b>Trade Debt</b>				
<b>CODING INSTITUTE SUBSCRIBER SERVICES P O BOX 933729 ATLANTA, GA 31193-3729</b>	-						<b>249.00</b>
Account No.			<b>Trade Debt</b>				
<b>COLE TECHNOLOGY GROUP P O BOX 720696 NORMAN, OK 73070</b>	-						<b>17.21</b>
Account No.			<b>Trade Debt</b>				
<b>COLLEGE/AMERICAN PATHOLOGISTS P O BOX 71698 CHICAGO, IL 60694-1698</b>	-						<b>462.00</b>
Sheet no. <u>18</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>3,782.77</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>COLLEGIATE MEDICAL LLC P.O. BOX 9238 SHAWNEE MISSION, KS 66201</b>	-					<b>1,028.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>COLLINGS, JANIE 41248 E CR 1510 Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>21.75</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>COLLINS, DELILAH 1500 E Robt. S. Kerr # 2B Wynnewood, OK 73098</b>	-				<b>X</b>	<b>19.00</b>
Account No.		<b>Trade Debt</b>				
<b>COMFORT INN &amp; SUITES 103 S HUMPHREY BLVD PAULS VALLEY, OK 73075</b>	-					<b>455.00</b>
Account No.		<b>Trade Debt</b>				
<b>COMPSOURCE OKLAHOMA P O BOX 269021 OKLAHOMA CITY, OK 73126-9021</b>	-					<b>21,357.00</b>
Sheet no. <b>19</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>22,880.75</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>COMPUTER SOLUTIONS 507 SOUTH WILLOW SUITE A PAULS VALLEY, OK 73075</b>	-					<b>1,600.00</b>
Account No.		<b>Trade Debt</b>				
<b>CONE INSTRUMENTS LLC 3261 MOMENTUM PLACE CHICAGO, IL 60689-5332</b>	-					<b>139.94</b>
Account No.		<b>Trade Debt</b>				
<b>CONNECT HEALTH PROFESSIONALS 2411 SPRINGER DRIVE NORMAN, OK 73069</b>	-					<b>128,025.79</b>
Account No.		<b>Trade Debt</b>				
<b>CONNER &amp; WINTERS 4000 ONE WILLIAMS CENTER TULSA, OK 74172-0148</b>	-					<b>14,805.50</b>
Account No.		<b>Trade Debt</b>				
<b>CONSTELLATION ENERGY BANK OF AMERICA LOCKBOX SVCS 15246 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0001</b>	-					<b>7,588.44</b>
Sheet no. <u>20</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>152,159.67</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>7/29/2010</b>				
<b>COOK, TONYA D</b> <b>705 W Main</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>3,724.00</b>
Account No.		<b>10/31/2010</b>				
<b>COOK, TONYA D</b> <b>705 W Main</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>2,289.41</b>
Account No.		<b>1/31/2011</b>				
<b>CORNFORTH, JOYCE</b> <b>2001 S Walnut</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>15.00</b>
Account No.		<b>1/31/2011</b>				
<b>CRAWFORD, MARNIE</b> <b>32368 East CR 1580</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>18.85</b>
Account No.		<b>1/31/2011</b>				
<b>CZARNECKI, HANNAH</b> <b>32502 E CR 1490</b> <b>Paoli, OK 73074</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>100.00</b>
Sheet no. <u>21</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>6,147.26</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>D MED CORPORATION 5151 BELTLINE ROAD SUITE 1125 DALLAS, TX 75254</b>	-					<b>2,487.08</b>
Account No.		<b>Trade Debt</b>				
<b>DATEX-OHMEDA P O BOX 641936 PITTSBURGH, PA 15264-1936</b>	-					<b>4,688.40</b>
Account No.		<b>Trade Debt</b>				
<b>DAVIS NEWS P O BOX 98 DAVIS, OK 73030</b>	-					<b>186.00</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>DAVIS, BENJAMIN 100 Valley Drive Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>87.77</b>
Account No.		<b>Trade Debt</b>				
<b>DBL 3453 PELHAM ROAD GREENVILLE, SC 29615</b>	-					<b>570.68</b>
Sheet no. <b>22</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>8,019.93</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>11/30/2010</b>				
<b>DENTON, ERLE Q</b> <b>300 Melville Dr #305</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>2,303.25</b>
Account No.		<b>Trade Debt</b>				
<b>DEPARTMENT OF LABOR</b> <b>3017 NORTH STILES SUITE 100</b> <b>OKLAHOMA CITY, OK 73105</b>	-					<b>75.00</b>
Account No.		<b>Trade Debt</b>				
<b>DF EXHAUST &amp; BRAKES</b> <b>827 S CHICKASAW</b> <b>PAULS VALLEY, OK 73075</b>	-					<b>101.35</b>
Account No.		<b>Trade Debt</b>				
<b>DIAGNOSTIC LAB OF OK</b> <b>P O BOX 676324</b> <b>DALLAS, TX 75267-6324</b>	-					<b>15,059.87</b>
Account No.		<b>8/31/2010</b>				
<b>DIAZ, GILBERT</b> <b>202 W Chapel Ridge #1113</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Sheet no. <u>23</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>17,559.47</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>9/1/2010</b>				
<b>DIAZ, GILBERT</b> <b>202 W Chapel Ridge #1113</b> <b>Pauls Valley, OK 73075</b>	-		<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.			<b>9/1/2010</b>				
<b>DICKINSON, MILDRED L</b> <b>P O Box 184</b> <b>Paoli, OK 73074</b>	-		<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>26.70</b>
Account No.			<b>11/30/2010</b>				
<b>DICKINSON, MILDRED L</b> <b>P O Box 184</b> <b>Paoli, OK 73074</b>	-		<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>26.70</b>
Account No.			<b>Trade Debt</b>				
<b>DILL OIL COMPANY</b> <b>P O BOX 427</b> <b>ELMORE CITY, OK 73433</b>	-						<b>457.18</b>
Account No.			<b>Trade Debt</b>				
<b>DIMENSIONAL CONCEPTS</b> <b>P O BOX 1838</b> <b>STILLWATER, OK 74076</b>	-						<b>2,000.00</b>
Sheet no. <b>24</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,530.58</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>DIVERSIFIED BIOLOGICALS MIA 4300 SW 73RD AVENUE SUITE 102 MIAMI, FL 33155-4512</b>	-					<b>140.22</b>
Account No.		<b>Trade Debt</b>				
<b>DRAEGER SAFETY DIAGNOSTICS INC P O BOX 200337 PITTSBURGH, PA 15251</b>	-					<b>353.50</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>DU, LEANN Q 705 Geronimo Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>19.00</b>
Account No.		<b>Trade Debt</b>				
<b>DYNATRONICS CORPORATION 7030 PARK CENTRE DRIVE SALT LAKE CITY, UT 84121</b>	-					<b>291.84</b>
Account No.		<b>Trade Debt</b>				
<b>DYSPHAGIA SERVICES INC P O BOX 720932 OKLAHOMA CITY, OK 73172</b>	-					<b>1,387.27</b>
Sheet no. <u>25</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,191.83</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>E M S SURGICAL 708 S OLD TRAIL SELINGROVE, PA 17870</b>	-					<b>89.82</b>
Account No.		<b>Trade Debt</b>				
<b>EDCO GROUP INC P O BOX 7010 SPRINGFIELD, MO 65801-7010</b>	-					<b>114.98</b>
Account No.		<b>Trade Debt</b>				
<b>ELECTRONIC DICTATION OF TULSA 9717 E 42ND ST SUITE 142 TULSA, OK 74146</b>	-					<b>1,167.00</b>
Account No.		<b>Trade Debt</b>				
<b>ELMORE CITY EMS P O BOX 99 ELMORE CITY, OK 73433-0099</b>	-					<b>443.01</b>
Account No.		<b>Trade Debt</b>				
<b>ELSEVIER P O BOX 0848 CAROL STREAM, IL 60132-0848</b>	-					<b>87.26</b>
Sheet no. <u>26</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,902.07</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693</b>	-					<b>56,250.00</b>
Account No.		<b>Trade Debt</b>				
<b>EMPI P O BOX 660154 DALLAS, TX 75266</b>	-					<b>474.03</b>
Account No.		<b>Trade Debt</b>				
<b>ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209</b>	-					<b>1,476.48</b>
Account No.		<b>Trade Debt</b>				
<b>EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095</b>	-					<b>2,729.57</b>
Account No.		<b>Trade Debt</b>				
<b>EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730</b>	-					<b>73.86</b>
Sheet no. <u>27</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>61,003.94</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>EVANS ENTERPRISES INC 1536 SOUTH WESTERN AVENUE OKLAHOMA CITY, OK 73109</b>	-					<b>225.00</b>
Account No.		<b>Trade Debt</b>				
<b>EXPEDITIVE 3 INDEPENDENCE WAY SUITE 201 PRINCETON, NJ 08540</b>	-					<b>11,183.92</b>
Account No.		<b>Trade Debt</b>				
<b>FAMILY TRADITIONS P O BOX 550968 GASTONIA, NC 28055-0968</b>	-					<b>171.58</b>
Account No.		<b>Trade Debt</b>				
<b>FEDERAL CORPORATION DEPT. 96-0293 OKLAHOMA CITY, OK 73196-0293</b>	-					<b>271.50</b>
Account No.		<b>Trade Debt</b>				
<b>FEDERAL EXPRESS CORPORATION P O BOX 660481 DALLAS, TX 75266-0481</b>	-					<b>234.50</b>
Sheet no. <b>28</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>12,086.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>FINCHER, ALVA</b> <b>411 S Gage</b> <b>Pauls Valley, OK 73075</b>	-	<b>1/31/2011</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>35.24</b>
Account No.  <b>FIRE PROTECTION</b> <b>1704 FLOYD RD</b> <b>ARDMORE, OK 73401</b>	-	<b>Trade Debt</b>				<b>66.00</b>
Account No.  <b>FIRMIN BUSINESS FORMS INC</b> <b>P O BOX 23587</b> <b>WACO, TX 76702-3587</b>	-	<b>Trade Debt</b>				<b>218.42</b>
Account No.  <b>FISHER HEALTHCARE</b> <b>P O BOX 404705</b> <b>ATLANTA, GA 30384</b>	-	<b>Trade Debt</b>				<b>6,176.07</b>
Account No.  <b>FUELMAN</b> <b>P.O. BOX 105080</b> <b>ATLANTA, GA 30348-5080</b>	-	<b>Trade Debt</b>				<b>500.00</b>
Sheet no. <b>29</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>6,995.73</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>1/31/2011</b>				
<b>FULLERTON, JAMES R</b> <b>126 Tanglewood Dr</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>50.00</b>
Account No.		<b>Trade Debt</b>				
<b>GARVIN COUNTY NEWS STAR</b> <b>P O BOX 617</b> <b>MAYSVILLE, OK 73057</b>	-					<b>2,020.00</b>
Account No.		<b>Trade Debt</b>				
<b>GARVIN, AGEE, CARLTON &amp;</b> <b>MASHBURN</b> <b>P O BOX 10</b> <b>PAULS VALLEY, OK 73075</b>	-					<b>28,594.54</b>
Account No.		<b>Trade Debt</b>				
<b>GE HEALTHCARE</b> <b>P O BOX 640200</b> <b>PITTSBURGH, PA 15264-0200</b>	-					<b>7,912.38</b>
Account No.		<b>Trade Debt</b>				
<b>GE HEALTHCARE MEDICAL</b> <b>SYSTEMS</b> <b>P O BOX 843553</b> <b>DALLAS, TX 75284</b>	-					<b>2,925.84</b>
Sheet no. <b>30</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>41,502.76</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>GEDDES ELECTRIC LLC P O BOX 1278 PAULS VALLEY, OK 73075</b>	-					<b>60.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>GENN, PEGGY A 6722 HWY 77D Davis, OK 73030</b>	-				<b>X</b>	<b>26.97</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>GENN, PEGGY A 6722 HWY 77D Davis, OK 73030</b>	-				<b>X</b>	<b>26.97</b>
Account No.		<b>Trade Debt</b>				
<b>GRAINGER DEPT 807669569 P O BOX 419267 KANSAS CITY, MO 64141-6267</b>	-					<b>2,479.69</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>GRAY, RICHARD 13018 N CR 3400 Stratford, OK 74872</b>	-				<b>X</b>	<b>204.77</b>
Sheet no. <u>31</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,798.40</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>11/30/2010</b>				
<b>GRAY, RICHARD</b> <b>Rt 2, Box 64</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>204.77</b>
Account No.		<b>Trade Debt</b>				
<b>GUDERIAN FOODS COMPANY</b> <b>1830 B STREET</b> <b>ADA, OK 74820</b>	-					<b>4,307.45</b>
Account No.		<b>Trade Debt</b>				
<b>GYRUS ACMI LP</b> <b>DEPT 0166</b> <b>P O BOX 120166</b> <b>DALLAS, TX 75312-0166</b>	-					<b>120.35</b>
Account No.		<b>Trade Debt</b>				
<b>H D G</b> <b>P O BOX 4591</b> <b>HOUSTON, TX 77210-4591</b>	-					<b>294.99</b>
Account No.		<b>1/31/2011</b>				
<b>HADDOCK, ZELMA M</b> <b>318 W Joy</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>65.00</b>
Sheet no. <b>32</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,992.56</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>HAMBRICK-FERGUSON INC P O BOX 470245 TULSA, OK 74147-0245</b>	-					<b>1,281.06</b>
Account No.		<b>Trade Debt</b>				
<b>HARRISON - ORR AIR CONDITIONING 4100 N WALNUT STREET OKLAHOMA CITY, OK 73105</b>	-					<b>930.00</b>
Account No.		<b>Trade Debt</b>				
<b>HARRY THOMPSON INC. 101 E PAUL AVE PAULS VALLEY, OK 73075</b>	-					<b>72.53</b>
Account No.		<b>Trade Debt</b>				
<b>HEALTH CARE SERVICE CORPORATION REFUND DEPT/CASH DISBURSEMENTS P O BOX 731431 DALLAS, TX 75373-1431</b>	-					<b>91.18</b>
Account No.		<b>Trade Debt</b>				
<b>HEALTHCARE MANAGEMENT SOLUTION P O BOX 721205 NORMAN, OK 73070</b>	-					<b>13,039.43</b>
Sheet no. <u>33</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>15,414.20</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>HEALTHCHOICE P O BOX 24870 OKLAHOMA CITY, OK 73075</b>	-					<b>50.98</b>
Account No.		<b>Trade Debt</b>				
<b>HEALTHLAND DEPT 2384 P O BOX 122384 DALLAS, TX 75312-2384</b>	-					<b>20,432.11</b>
Account No.		<b>Trade Debt</b>				
<b>HEALTHTECH SOLUTIONS GRP LLC 405 DUKE DRIVE SUITE 210 FRANKLIN, TN 37067</b>	-					<b>3,966.66</b>
Account No.		<b>Trade Debt</b>				
<b>HENDERSON COFFEE P O BOX 175 MUSKOGEE, OK 74402</b>	-					<b>1,910.20</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>HENDERSON, DENISE M 29102 E CR 1650 Elmore City, OK 73433</b>	-				<b>X</b>	<b>56.00</b>
Sheet no. <b>34</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>26,415.95</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>HENRY SCHEIN INC DEPT CH 10241 PALATINE, IL 60055-0241</b>	-	<b>Trade Debt</b>				<b>17,277.33</b>
Account No.  <b>HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075</b>	-	<b>9/1/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.  <b>HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075</b>	-	<b>1/31/2011 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.  <b>HILL-ROM P O BOX 643592 PITTSBURGH, PA 15264-3592</b>	-	<b>Trade Debt</b>				<b>893.66</b>
Account No.  <b>HOBART SERVICE P O BOX 2517 CAROL STREAM, IL 60132-2517</b>	-	<b>Trade Debt</b>				<b>113.00</b>
Sheet no. <u>35</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>18,323.99</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		<b>Trade Debt</b>				
<b>HOLOGIC 24506 NETWORK PLACE CHICAGO, IL 60673-1245</b>	-					<b>832.50</b>
Account No.		<b>Trade Debt</b>				
<b>HOSPIRA WORLDWIDE INC ACCT # 50329283 75 REMITTANCE DRIVE SUITE 6136 CHICAGO, IL 60675-6136</b>	-					<b>1,160.95</b>
Account No.		<b>Trade Debt</b>				
<b>HURDLE AND ASSOCIATES INC 2326 MYRTLE SPRINGS AVE DALLAS, TX 75220</b>	-					<b>1,750.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>HYDEN, KATHILEEN K P O Box 305 Lindsay, OK 73433</b>	-				<b>X</b>	<b>30.41</b>
Account No.		<b>Trade Debt</b>				
<b>ID-VILLE 5376 52ND ST SE GRAND RAPIDS, MI 49512</b>	-					<b>87.50</b>
Sheet no. <u>36</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,861.36</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>IMMUCOR, INC P O BOX 102118 ATLANTA, GA 30368-2118</b>	-					<b>632.58</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	
<b>INCE, PAULINE A P O Box 463 Lindsay, OK 73052</b>	-					<b>112.12</b>
Account No.		<b>Trade Debt</b>				
<b>INFORMATION SOLUTIONS 326 A-1 N BLOOMINGTON LOWELL, AR 72745</b>	-					<b>2,214.50</b>
Account No.		<b>Trade Debt</b>				
<b>ING LIFE INSURANCE AND ANNUITY COMPANY P O BOX 2215 NEW YORK, NY 10116-2215</b>	-					<b>3,858.03</b>
Account No.		<b>Trade Debt</b>				
<b>INGENIX P O BOX 88050 CHICAGO, IL 60680-1050</b>	-					<b>1,299.99</b>
Sheet no. <u>37</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>8,117.22</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>INSURANCE ONE 205 S CHICKASAW PAULS VALLEY, OK 73075</b>	-					<b>30.00</b>
Account No.		<b>Trade Debt</b>				
<b>INTEGRA LIFE SCIENCES CORP 311 ENTERPRISE DRIVE PLAINSBORO, NJ 08536</b>	-					<b>760.18</b>
Account No.		<b>Trade Debt</b>				
<b>INTEGRIS MEDICAL SUPPLY 4120 NORTH PORTLAND OKLAHOMA CITY, OK 73112</b>	-					<b>4,250.00</b>
Account No.		<b>Trade Debt</b>				
<b>INTELEMED 6976 D HIGHWATER CIRCLE EDMOND, OK 73034-6542</b>	-					<b>13,602.27</b>
Account No.		<b>Trade Debt</b>				
<b>INTERNATIONAL INSTITUTE LANGUAGE SERVICES 3654 S GRAND BLVD ST LOUIS, MO 63118</b>	-					<b>59.40</b>
Sheet no. <b>38</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>18,701.85</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>ITC P O BOX 674441 DETROIT, MI 48267-4441</b>	-					<b>419.80</b>
Account No.		<b>Trade Debt</b>				
<b>IVANS INC P O BOX 850001 ORLANDO, FL 32885-0033</b>	-					<b>62.00</b>
Account No.		<b>Trade Debt</b>				
<b>J &amp; J HEALTH CARE SYSTEMS P O BOX 406663 ATLANTA, GA 30384</b>	-					<b>36,092.30</b>
Account No.		<b>Trade Debt</b>				
<b>J-4 CONTRACTING &amp; DUNN PLUMB'G 110 DIFFIE LANE PAULS VALLEY, OK 73075</b>	-					<b>510.00</b>
Account No.		<b>Trade Debt</b>				
<b>JACK'S RX P O BOX 217 MAYSVILLE, OK 73057</b>	-					<b>30,143.12</b>
Sheet no. <u>39</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>67,227.22</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>JACKSON BOILER AND TANK CO. P O BOX 18824 OKLAHOMA CITY, OK 73154</b>	-					<b>4,016.72</b>
Account No.		<b>Trade Debt</b>				
<b>JACKSON NURSE PROFESSIONALS LLC P O BOX 404118 ATLANTA, GA 30384-4118</b>	-					<b>5,590.00</b>
Account No.		<b>Trade Debt</b>				
<b>JAVA TIME 201 BOWLING DRIVE PAULS VALLEY, OK 73075</b>	-					<b>570.65</b>
Account No.		<b>Trade Debt</b>				
<b>JOHNSTON &amp; BRYANT P O BOX 1564 ADA, OK 74820</b>	-					<b>27,800.66</b>
Account No.		<b>Trade Debt</b>				
<b>JOHNSTONE SUPPLY BOX 82129 OKLAHOMA CITY, OK 73148-0129</b>	-					<b>1,241.32</b>
Sheet no. <b>40</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>39,219.35</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>K-MED</b> <b>4606 MOORLAND COURT</b> <b>SUGAR LAND, TX 77479</b>	-	<b>Trade Debt</b>				<b>956.02</b>
Account No.  <b>K-TOWN CONSULTING</b> <b>BOX 232</b> <b>KONAWA, OK 74849</b>	-	<b>Trade Debt</b>				<b>7,290.00</b>
Account No.  <b>KCI USA</b> <b>P O BOX 203086</b> <b>HOUSTON, TX 77216-3086</b>	-	<b>Trade Debt</b>				<b>2,418.67</b>
Account No.  <b>KELLER, ANGELA A</b> <b>203 E Jefferson</b> <b>Pauls Valley, OK 73075</b>	-	<b>11/30/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>6,035.20</b>
Account No.  <b>KENNETH MICHAEL &amp; ASSOC LLC</b> <b>500 NORTH WESTSHORE BLVD</b> <b>SUITE 1050</b> <b>TAMPA, FL 33609</b>	-	<b>Trade Debt</b>				<b>8,000.00</b>
Sheet no. <b>41</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>24,699.89</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>KFXT SOLID GOSPEL</b> <b>1101 N HWY 81</b> <b>MARLOW, OK 73055</b>	-	<b>Trade Debt</b>				<b>3,720.00</b>
Account No.  <b>KINETIC THERAPY SERVICE</b> <b>15269 CR 3610</b> <b>ADA, OK 74820</b>	-	<b>Trade Debt</b>				<b>1,970.00</b>
Account No.  <b>KING, DEE L</b> <b>c/o Richard King Rt 3 Box 213A</b> <b>Lindsay, OK 73052</b>	-	<b>9/1/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>40.00</b>
Account No.  <b>KING, DEE L</b> <b>c/o Richard King Rt 3 Box 213A</b> <b>Lindsay, OK 73052</b>	-	<b>11/30/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>40.00</b>
Account No.  <b>KIXO KIX-106</b> <b>1101 HWY 81 N</b> <b>MARLOW, OK 73055</b>	-	<b>Trade Debt</b>				<b>12,157.50</b>
Sheet no. <b>42</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>17,927.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>KONE INC P O BOX 429 MOLINE, IL 61266-0429</b>	-					<b>2,978.30</b>
Account No.		<b>Trade Debt</b>				
<b>KRONOS P O BOX 845748 BOSTON, MA 02284-5748</b>	-					<b>4,613.14</b>
Account No.		<b>Trade Debt</b>				
<b>KRUEGER INC P O BOX 18715 OKLAHOMA CITY, OK 73154-0715</b>	-					<b>220.17</b>
Account No.		<b>Trade Debt</b>				
<b>LAERDAL MEDICAL CORP P O BOX 8500-53168 PHILADELPHIA, PA 19178-3168</b>	-					<b>909.74</b>
Account No.		<b>Trade Debt</b>				
<b>LEADING AGE OKLAHOMA P O BOX 1383 EL RENO, OK 73036</b>	-					<b>1,044.63</b>
Sheet no. <b>43</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>9,765.98</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>LEGACY DRUG INC</b> <b>111 W GRANT AVE</b> <b>PAULS VALLEY, OK 73075</b>	-	Trade Debt				7.99	
Account No.  <b>LIFECARE HEALTH SERVICES, LLC</b> <b>4013 NORTHWEST EXPRESSWAY</b> <b>STE 575</b> <b>OKLAHOMA CITY, OK 73116</b>	-	Trade Debt				246.05	
Account No.  <b>LINDSAY MUNICIPAL HOSPITAL</b> <b>P O BOX 888</b> <b>LINDSAY, OK 73052</b>	-	Trade Debt				142.80	
Account No.  <b>LOCKE SUPPLY CO</b> <b>P O BOX 24980</b> <b>OKLAHOMA CITY, OK 73124-0980</b>	-	Trade Debt				390.07	
Account No.  <b>LOGAN, AVIS Y</b> <b>9969 Ketner Rd</b> <b>Wynnewood, OK 73098</b>	-	1/31/2011 Patient Refund/Overpayment on Account			X	119.24	
Sheet no. <u>44</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>906.15</b>	

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>LOGAN, AVIS Y</b> <b>9969 Ketner Rd</b> <b>Wynnewood, OK 73098</b>	-		<b>1/31/2011</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.  <b>LOGICAL BUILDING SOLUTIONS INC</b> <b>3432 LAKESIDE DRIVE</b> <b>OKLAHOMA CITY, OK 73179</b>	-		<b>Trade Debt</b>				<b>1,173.58</b>
Account No.  <b>LUCKINBILL, INC.</b> <b>304 EAST BROADWAY</b> <b>ENID, OK 73701</b>	-		<b>Trade Debt</b>				<b>846.45</b>
Account No.  <b>MAC SYSTEMS INC</b> <b>P O BOX 27665</b> <b>TULSA, OK 74149</b>	-		<b>Trade Debt</b>				<b>108.00</b>
Account No.  <b>MAINE STANDARDS COMPANY</b> <b>765 ROOSEVELT TRAIL</b> <b>WINDHAM, ME 04062</b>	-		<b>Trade Debt</b>				<b>304.05</b>
Sheet no. <b>45</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>2,452.08</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MARK 5 CARE GROUP P O BOX 118 MUSTANG, OK 73064</b>	-					<b>34,538.31</b>
Account No.		<b>Trade Debt</b>				
<b>MASIMO AMERICAS INC P O BOX 51210 LOS ANGELES, CA 90051-5510</b>	-					<b>287.33</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>MCCURLEY, CODY M 33877 E Pvt 1625 Drive Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>60.00</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036</b>	-				<b>X</b>	<b>18.34</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036</b>	-				<b>X</b>	<b>18.34</b>
Sheet no. <b>46</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>34,922.32</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MCKESSON MCKESSON TECHNOLOGIES INC. P O BOX 98347 CHICAGO, IL 60693-8347</b>	-					<b>571,611.78</b>
Account No.		<b>Trade Debt</b>				
<b>MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224</b>	-					<b>4,403.63</b>
Account No.		<b>Trade Debt</b>				
<b>MCKESSON MEDICAL SURGICAL INC. P.O. BOX 933027 ATLANTA, GA 31193</b>	-					<b>1,320.30</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>MCLIN, RICK 24615 E CR 1610 Elmore City, OK 73433</b>	-				<b>X</b>	<b>150.00</b>
Account No.		<b>Trade Debt</b>				
<b>MCNEIL &amp; COMPANY INC P O BOX 28 ONEIDA, NY 13421</b>	-					<b>765.61</b>
Sheet no. <u>47</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>578,251.32</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MED MANAGEMENT LLC 1500 URBAN CENTER DRIVE STE 325 VESTAVIA HILLS, AL 35242</b>	-					<b>5,885.00</b>
Account No.		<b>Trade Debt</b>				
<b>MED-PASS INC L-3495 COLUMBUS, OH 43260-0001</b>	-					<b>132.92</b>
Account No.		<b>Trade Debt</b>				
<b>MEDI-SOL, LLC P.O. BOX 7736 EDMOND, OK 73083</b>	-					<b>6,244.37</b>
Account No.		<b>Trade Debt</b>				
<b>MEDICAL ARTS PRESS P O BOX 37647 PHILADELPHIA, PA 19101-0647</b>	-					<b>123.96</b>
Account No.		<b>Trade Debt</b>				
<b>MEDICAL SOLUTIONS 9101 WESTERN AVE SUITE 101 OMAHA, NE 68114</b>	-					<b>50,008.28</b>
Sheet no. <b>48</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>62,394.53</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MEDLINE INDUSTRIES, INC. DEPT 1080 P O BOX 121080 DALLAS, TX 75312-1080</b>	-					<b>110.34</b>
Account No.		<b>Trade Debt</b>				
<b>MEDMARC COMPANY 415 NORTH MAIN STREET NO. 106 EULESS, TX 76039</b>	-					<b>331.24</b>
Account No.		<b>Trade Debt</b>				
<b>MEDRAD INC P O BOX 360172 PITTSBURGH, PA 15251-6172</b>	-					<b>688.91</b>
Account No.		<b>Trade Debt</b>				
<b>MEDTOX LABORATORIES NW 8939 P O BOX 1450 MINNEAPOLIS, MN 55485-8939</b>	-					<b>870.35</b>
Account No.		<b>Trade Debt</b>				
<b>MEDTRONIC USA INC P O BOX 848086 DALLAS, TX 75284-8086</b>	-					<b>252.00</b>
Sheet no. <b>49</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,252.84</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MERCY HEALTH CNTR/TRANSCRIPT'N COST CNTR 4011 117870 624020 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120</b>	-					<b>23,215.95</b>
Account No.		<b>Trade Debt</b>				
<b>MERCY MEMORIAL HEALTH CNTR PTS P O BOX 504498 ST LOUIS, MO 63150</b>	-					<b>3,136.23</b>
Account No.		<b>Trade Debt</b>				
<b>MERRITT HAWKINS &amp; ASSOCIATES P O BOX 281943 ATLANTA, GA 30384-1943</b>	-					<b>7,888.65</b>
Account No.		<b>Trade Debt</b>				
<b>MET-TEL P O BOX 9660 MANCHESTER, NH 03108-9660</b>	-					<b>415.63</b>
Account No.		<b>Trade Debt</b>				
<b>METTLER ELECTRONICS CORP 1333 SOUTH CLAUDINA STREET ANAHEIM, CA 92805</b>	-					<b>2,019.58</b>
Sheet no. <u>50</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>36,676.04</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>MIDLAND GROUP P O BOX 229161 SHAWNEE MISSION, KS 66201</b>	-	<b>Trade Debt</b>				<b>73,739.88</b>
Account No.  <b>MILLIPORE CORPORATION 2736 PAYSPIRE CIRCLE CHICAGO, IL 60674</b>	-	<b>Trade Debt</b>				<b>3,026.12</b>
Account No.  <b>MITCHELL CHARLES 200 MELVILLE DRIVE PAULS VALLEY, OK 73075</b>	-	<b>Trade Debt</b>				<b>76,577.11</b>
Account No.  <b>MITCHELL, JOHANNA 434 Mohawk Pauls Valley, OK 73075</b>	-	<b>1/31/2011 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>21.53</b>
Account No.  <b>MOBILE MEDIA INC P O BOX 202008 MINNEAPOLIS, MN 55420-9800</b>	-	<b>Trade Debt</b>				<b>1,004.00</b>
Sheet no. <b>51</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>154,368.64</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>MOORE JOHN STEVEN DBA: JOHN STEVEN MOORE, DO 103 PARK VIEW CIRCLE PAULS VALLEY, OK 73075</b>	-					<b>27,263.00</b>
Account No.		<b>Trade Debt</b>				
<b>MORRIS SYSTEMS INCORPORATED 5504 DEMOCRACY DRIVE STE 220 PLANO, TX 75024</b>	-					<b>1,288.00</b>
Account No.		<b>Trade Debt</b>				
<b>MSC INDUSTRIAL SUPPLY CO INC 75 MAXESS ROAD MELVILLE, NY 11747</b>	-					<b>466.78</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>				
<b>MULLINS, JACK H 24183 N Pvt 3235 Drive Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>18.44</b>
Account No.		<b>Trade Debt</b>				
<b>MXR OKLAHOMA CITY 4444 VIEWRIDGE AVE. SUITE A SAN DIEGO, CA 92123</b>	-					<b>582.51</b>
Sheet no. <b>52</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>29,618.73</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>NATUS MEDICAL INC P O BOX 39000 SAN FRANCISCO, CA 94139</b>	-					<b>2,972.41</b>
Account No.		<b>Trade Debt</b>				
<b>NETSCRIPT (NETSCR) 235 CR 3520 CLARKSVILLE, AR 72830</b>	-					<b>15,473.04</b>
Account No.		<b>Trade Debt</b>				
<b>NORMAN PHYSICIAN HOSP ORG LLC P O BOX 987 NORMAN, OK 73070</b>	-					<b>25,853.58</b>
Account No.		<b>Trade Debt</b>				
<b>NORMAN REGIONAL HOSPITAL AUTH P O BOX 268961 OKLAHOMA CITY, OK 73126</b>	-					<b>168.52</b>
Account No.		<b>Trade Debt</b>				
<b>NURSEFINDERS P O BOX 910738 DALLAS, TX 75391-0738</b>	-					<b>18,079.06</b>
Sheet no. <b>53</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>62,546.61</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
<b>NURSES PRN STAFFING INC 615 N COMMERCE ST SUITE A ARDMORE, OK 73401-3940</b>	-					<b>343.84</b>
Account No.		Trade Debt				
<b>O F M Q INC 14000 QUAIL SPRINGS PKWY #400 OKLAHOMA CITY, OK 73134</b>	-					<b>1,250.00</b>
Account No.		Trade Debt				
<b>O G &amp; E BOX 24990 OKLAHOMA CITY, OK 73124-0990</b>	-					<b>12,008.10</b>
Account No.		Trade Debt				
<b>O H C A SHEPHERD MALL 2401 N W 23RD ST SUITE 1A OKLAHOMA CITY, OK 73107</b>	-					<b>36.74</b>
Account No.		Trade Debt				
<b>O H E R F T DEPT. #96-0298 OKLAHOMA CITY, OK 73196-0298</b>	-					<b>250.00</b>
Sheet no. <u>54</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>13,888.68</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>OCCUPATIONAL PERFORMANCE CORP 519 S SANTA FE SALINA, KS 67401</b>	-					<b>192.50</b>
Account No.		<b>Trade Debt</b>				
<b>ODYSSEY HEALTH CARE 2 WEST MAIN STE 200 ARDMORE, OK 73401</b>	-					<b>8,693.50</b>
Account No.		<b>Trade Debt</b>				
<b>OFFICEMAX CONTRACT INC P O BOX 101705 ATLANTA, GA 30392-1705</b>	-					<b>2,379.86</b>
Account No.		<b>Trade Debt</b>				
<b>OHCA PREMIUM ACCOUNT PREMIUM PAYMENT P O BOX 2038 OKLAHOMA CITY, OK 73101-2038</b>	-				<b>X</b>	<b>141,827.00</b>
Account No.		<b>Trade Debt</b>				
<b>OHH PHYSICIANS LLC ATTN: ACCT DEPARTMENT 3705 W MEMORIAL RD SUITE 702 OKLAHOMA CITY, OK 73134</b>	-					<b>4,194.00</b>
Sheet no. <u>55</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>157,286.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>OK STATE/EDUCA GRP INS BOARD ACCOUNTING DEPT P O BOX 58010 OKLAHOMA CITY, OK 73157-8010</b>	-					<b>56,361.32</b>
Account No.		<b>Trade Debt</b>				
<b>OKLA STATE DEPT OF HEALTH 100 VALLEY DRIVE PAULS VALLEY, OK 73075</b>	-					<b>2,173.06</b>
Account No.		<b>Trade Debt</b>				
<b>OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 OKLAHOMA CITY, OK 73196-0115</b>	-					<b>42,068.50</b>
Account No.		<b>Trade Debt</b>				
<b>OKLAHOMA HEART HOSPITAL P O BOX 268864 OKLAHOMA CITY, OK 73126</b>	-					<b>363.10</b>
Account No.		<b>Trade Debt</b>				
<b>OKLAHOMA HOSPITAL ASSOCIATION 4000 LINCOLN BLVD OKLAHOMA CITY, OK 73105</b>	-					<b>3,941.75</b>
Sheet no. <u>56</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>104,907.73</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>OKLAHOMAN P O BOX 268880 OKLAHOMA CITY, OK 73126-8880</b>	-					<b>52.57</b>
Account No.		<b>Trade Debt</b>				
<b>OPTIMAL PHARMACEUTICALS INC 8406 NORTH MAGNOLIA AVENUE SUITE D SANTEE, CA 92071</b>	-					<b>120.95</b>
Account No.		<b>Trade Debt</b>				
<b>OREILLY AUTO PARTS P O BOX 790098 ST LOUIS, MO 63179-0098</b>	-					<b>183.96</b>
Account No.		<b>Trade Debt</b>				
<b>ORTHOPAEDIC &amp; SPORTS MEDICINE 825 E ROBINSON NORMAN, OK 73071</b>	-					<b>165.00</b>
Account No.		<b>Trade Debt</b>				
<b>OSAGE INDUSTRIES INC 6641 CHRISTOPHER DRIVE ST. LOUIS, MO 63129</b>	-					<b>360.14</b>
Sheet no. <u>57</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>882.62</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>OWENS &amp; MINOR 760001696 P O BOX 841420 DALLAS, TX 75284-1420</b>	-					<b>14,529.95</b>
Account No.		<b>Trade Debt</b>				
<b>P V CHAMBER OF COMMERCE DRAWER 638 PAULS VALLEY, OK 73075</b>	-					<b>1,250.00</b>
Account No.		<b>Trade Debt</b>				
<b>P V GENERAL HOSP FOUNDATION 100 VALLEY DRIVE PAULS VALLEY, OK 73075</b>	-					<b>365,290.00</b>
Account No.		<b>Trade Debt</b>				
<b>PANTHER ATHLETIC CLUB P O BOX 780 PAULS VALLEY, OK 73075</b>	-					<b>250.00</b>
Account No.		<b>11/30/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	
<b>PARKS, JAMES A 15842 N CR 3130 Maysville, OK 73057</b>	-					<b>336.70</b>
Sheet no. <b>58</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>381,656.65</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>PARTSSOURCE P O BOX 64564 CINCINNATI, OH 45264-5186</b>	-					<b>1,389.83</b>
Account No.		<b>Trade Debt</b>				
<b>PATTERSON MEDICAL P O BOX 93040 CHICAGO, IL 60673-3040</b>	-					<b>320.38</b>
Account No.		<b>Trade Debt</b>				
<b>PAUL H BROOKS PUBLISHING COMPANY P O BOX 10624 BALTIMORE, MD 21285-0624</b>	-					<b>313.50</b>
Account No.		<b>Trade Debt</b>				
<b>PAULS VALLEY ACE HARDWARE C/O ELK SUPPLY COMPANY P O BOX 1509 CLINTON, OK 73601</b>	-					<b>79.99</b>
Account No.		<b>Trade Debt</b>				
<b>PAULS VALLEY DEMOCRAT P O BOX 790 PAULS VALLEY, OK 73075</b>	-					<b>553.54</b>
Sheet no. <u>59</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,657.24</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>PAULS VALLEY HOSP AUXILIARY 100 VALLEY DRIVE PAULS VALLEY, OK 73075</b>	-					<b>1,535.85</b>
Account No.		<b>Trade Debt</b>				
<b>PAULS VALLEY ROTARY CLUB P O BOX 3 PAULS VALLEY, OK 73075</b>	-					<b>155.50</b>
Account No.		<b>Trade Debt</b>				
<b>PEPSI BEVERAGES COMPANY P O BOX 1218 ADA, OK 74820</b>	-					<b>584.70</b>
Account No.		<b>Trade Debt</b>				
<b>PERFORMANCE PHARMACY SYSTEMS 5614 36TH AVE NORTH ST. PETERSBURG, FL 33710</b>	-					<b>1,259.81</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098</b>	-				<b>X</b>	<b>20.00</b>
Sheet no. <u>60</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>3,555.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>11/30/2010</b>				
<b>PERRY, RONNIE C</b> <b>1101 N Taylor</b> <b>Wynnewood, OK 73098</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.		<b>1/31/2011</b>				
<b>PERRY, RONNIE C</b> <b>1101 N Taylor</b> <b>Wynnewood, OK 73098</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>15.01</b>
Account No.		<b>Trade Debt</b>				
<b>PHILADELPHIA INSURANCE COS.</b> <b>P O BOX 70251</b> <b>PHILADELPHIA, PA 19176-0251</b>	-					<b>3,501.00</b>
Account No.		<b>Trade Debt</b>				
<b>PHILIPS HEALTHCARE</b> <b>P O BOX 100355</b> <b>ATLANTA, GA 30384-0355</b>	-					<b>4,775.22</b>
Account No.		<b>Trade Debt</b>				
<b>PHILIPS MEDICAL SYSTEMS</b> <b>PHILIPS HEALTHCARE</b> <b>P O BOX 100355</b> <b>ATLANTA, GA 30384-0355</b>	-					<b>1,140.75</b>
Sheet no. <u>61</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>9,451.98</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>PHYSICIANS AND SURGEONS 200 MELVILLE DR PAULS VALLEY, OK 73075</b>	-	<b>Trade Debt</b>				<b>14,910.56</b>
Account No.  <b>PHYSIO-CONTROL, INC. 12100 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</b>	-	<b>Trade Debt</b>				<b>1,517.96</b>
Account No.  <b>PITNEY BOWES INC (SUPPLIES) P O BOX 371896 PITTSBURG, PA 15250-7896</b>	-	<b>Trade Debt</b>				<b>158.08</b>
Account No.  <b>PITNEY BOWES POSTAGE BY PHONE C/O PURCHASE POWER P O BOX 371874 PITTSBURG, PA 15250-7874</b>	-	<b>Trade Debt</b>				<b>3,762.19</b>
Account No.  <b>POPE, CHARLA J 405 S W 4th Lindsay, OK 73052</b>	-	<b>10/31/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>260.40</b>
Sheet no. <b>62</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>20,609.19</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>POPE, MARY J 729 N Oak Pauls Valley, OK 73075</b>	-	<b>11/30/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>24.97</b>
Account No.  <b>POSEY COMPANY 5635 PECK ROAD ARCADIA, CA 91006</b>	-	<b>Trade Debt</b>				<b>173.90</b>
Account No.  <b>POYNER, ROGER A 31901 E CR 1590 Pauls Valley, OK 73075</b>	-	<b>9/1/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>25.00</b>
Account No.  <b>POYNER, ROGER A 13901 E CR 1590 Pauls Valley, OK 73075</b>	-	<b>11/30/2010 Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>25.00</b>
Account No.  <b>PREMIUM FINANCING SPECIALISTS P O BOX 35408 TULSA, OK 74153</b>	-	<b>Trade Debt</b>				<b>18,260.75</b>
Sheet no. <u>63</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b> <b>18,509.62</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>PRIMARY PHARMACEUTICALS 1019 GOVERNMENT ST. SUITE E OCEAN SPRINGS, MS 39564</b>	-					<b>743.08</b>
Account No.		<b>Trade Debt</b>				
<b>PRINTER WORKS C/O MARBLE BRIDGE FUNDING GRP INC P O BOX 8195 WALNUT CREEK, CA 94596</b>	-					<b>297.00</b>
Account No.		<b>Trade Debt</b>				
<b>PSA CONSULTING ENGINEERS, INC 3031 N.W. 64TH STREET STE 101 OKLAHOMA CITY, OK 73116</b>	-					<b>4,117.65</b>
Account No.		<b>Trade Debt</b>				
<b>PURCELL MUNICIPAL HOSPITAL P O BOX 511 PURCELL, OK 73080-1699</b>	-					<b>27.62</b>
Account No.		<b>Trade Debt</b>				
<b>PURCELL REGISTER P O BOX 191 PURCELL, OK 73080</b>	-					<b>28.00</b>
Sheet no. <u>64</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>5,213.35</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>PVGH LABORATORY SERVICES 100 VALLEY DRIVE PAULS VALLEY, OK 73075</b>	-					<b>89.90</b>
Account No.		<b>Trade Debt</b>				
<b>QUADRAMED DEPT LA 23665 PASADINA, CA 91185-3665</b>	-					<b>5,066.86</b>
Account No.		<b>Trade Debt</b>				
<b>R S V P ANSWERING SERVICES 501 WEST EDMOND RAOD EDMOND, OK 73003-5622</b>	-					<b>546.00</b>
Account No.		<b>Trade Debt</b>				
<b>RADIOLOGY SERVICES OF ARDMORE P O BOX 518 ARDMORE, OK 73402</b>	-					<b>95.00</b>
Account No.		<b>Trade Debt</b>				
<b>RAYS 10901 W TOLLER DRIVE SUITE 105 LITTLETON, CO 80127</b>	-					<b>5,180.00</b>
Sheet no. <u>65</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>10,977.76</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
<b>REAVIS DME</b> <b>ATTN: DME</b> <b>P O BOX 1220</b> <b>PAULS VALLEY, OK 73075</b>	-	<b>Trade Debt</b>				<b>64,586.54</b>
<b>REAVIS SUPER DRUG</b> <b>BOX 1220</b> <b>PAULS VALLEY, OK 73075</b>	-	<b>Trade Debt</b>				<b>31,862.23</b>
<b>REAVIS,</b> <b>P O Box 1220</b> <b>Pauls Valley, OK 73075</b>	-	<b>8/31/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>25.74</b>
<b>REAVIS,</b> <b>P O Box 1220</b> <b>Pauls Valley, OK 73075</b>	-	<b>8/31/2010</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>30.06</b>
<b>RELY ON REHAB PC.</b> <b>1114 GROVER LANE</b> <b>NORMAN, OK 73069</b>	-	<b>Trade Debt</b>				<b>1,266.52</b>
Sheet no. <b>66</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>97,771.09</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>11/30/2010</b>				
<b>REYNOLDS, WYNONA V</b> <b>202 Larry Lane # B9</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>72.96</b>
Account No.		<b>Trade Debt</b>				
<b>RF TECHNOLOGIES, INC.</b> <b>P O BOX 1170</b> <b>MILWAUKEE, WI 53201-1170</b>	-					<b>1,319.31</b>
Account No.		<b>Trade Debt</b>				
<b>RICHARD WOLF MEDICAL</b> <b>INSTRUMENTS</b> <b>353 CORPORATE WOODS PARKWAY</b> <b>VERNON HILLS, IL 60061</b>	-					<b>2,216.60</b>
Account No.		<b>Trade Debt</b>				
<b>RNA MEDICAL</b> <b>ATTN: ACCTS RECEIVABLE</b> <b>7 JACKSON ROAD</b> <b>DEVENS, MA 01434-4026</b>	-					<b>338.00</b>
Account No.		<b>11/30/2010</b>				
<b>ROBINSON, MARGARET A</b> <b>305 East Lindsey</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>60.00</b>
Sheet no. <u>67</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,006.87</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>SA-SO 525 N GREAT SOUTHWEST PKWY ARLINGTON, TX 76011</b>	-					<b>134.12</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>SANCHEZ, DOMITILA P Rt 3 Box 17A Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>35.00</b>
Account No.		<b>Trade Debt</b>				
<b>SARA LEE BAKERY GRP/EARTHGRAIN P O BOX 4412 BRIDGETON, MO 63044-4412</b>	-					<b>460.59</b>
Account No.		<b>Trade Debt</b>				
<b>SAVAGE SPORTS BOOSTERS P O BOX 623 WYNNEWOOD, OK 73098</b>	-					<b>445.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>SCOTT, DAWN L P O Box 298 Elmore City, OK 73433</b>	-				<b>X</b>	<b>250.00</b>
Sheet no. <b>68</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,324.71</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>SECURITY CHECK P O BOX 14189 OKLAHOMA CITY, OK 73113</b>	-					<b>78.00</b>
Account No.		<b>Trade Debt</b>				
<b>SHERWIN-WILLIAMS COMPANY 502 S CHICKASAW PAULS VALLEY, OK 73075</b>	-					<b>195.51</b>
Account No.		<b>Trade Debt</b>				
<b>SHIRE REGENERATIVE MEDICINE ABH COLLECTION ACCOUNT DEPARTMENT 3292 CAROL STREAM, IL 60132-3292</b>	-					<b>12,240.00</b>
Account No.		<b>Trade Debt</b>				
<b>SHRED IT 11101 FRANKLIN AVENUE FRANKLIN PARK, IL 60131-1403</b>	-					<b>142.65</b>
Account No.		<b>Trade Debt</b>				
<b>SIEMENS HEALTHCARE DIAGNOSTICS P O BOX 121102 DALLAS, TX 75312-1102</b>	-					<b>5,122.15</b>
Sheet no. <u>69</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>17,778.31</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>SIGHTPATH MEDICAL 5775 WEST OLD SHAKOPEE ROAD SUITE 90 BLOOMINGTON, MN 55437</b>	-					<b>21,158.00</b>
Account No.		<b>Trade Debt</b>				
<b>SIGMA INTERNATIONAL P O BOX 64695 BALTIMORE, MD 21264</b>	-					<b>211.16</b>
Account No.		<b>Trade Debt</b>				
<b>SKYTRON 16208 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</b>	-					<b>429.60</b>
Account No.		<b>Trade Debt</b>				
<b>SOONER MOBILE XRAY INC 1111 WEST WILLOW SUITE 103 DUNCAN, OK 73533</b>	-					<b>285.77</b>
Account No.		<b>Trade Debt</b>				
<b>SOUTHEASTERN EMERGENCY EQUIP P O BOX 1097 YOUNGSVILLE, NC 27596-1097</b>	-					<b>33.95</b>
Sheet no. <b>70</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>22,118.48</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>SOUTHERN OKLAHOMA PATHOLOGY 421 N MONTA VISTA ADA, OK 74820</b>	-					<b>18,000.00</b>
Account No.		<b>Trade Debt</b>				
<b>SOUTHWEST XRAY COMPANY 11419 MATHIS SUITE 208 DALLAS, TX 75234</b>	-					<b>1,750.54</b>
Account No.		<b>Trade Debt</b>				
<b>SOUTHWESTERN DIRECTORY COMPANY P O BOX 7152 MOORE, OK 73153</b>	-					<b>763.00</b>
Account No.		<b>Trade Debt</b>				
<b>ST ANTHONY MARKETING 1000 NORTH LEE OKLAHOMA CITY, OK 73102</b>	-					<b>796.50</b>
Account No.		<b>Trade Debt</b>				
<b>ST ANTHONY PHARMACY ATTN: MELISSA WOOLRIDGE 1000 N LEE OKLAHOMA CITY, OK 73102</b>	-					<b>106.00</b>
Sheet no. <u>71</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>21,416.04</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>ST JOHN RECORD PROGRAMS P O BOX 51263 LOS ANGELES, CA 90051-5563</b>	-					<b>358.64</b>
Account No.		<b>Trade Debt</b>				
<b>STANDARD REGISTER P O BOX 840655 DALLAS, TX 75284-0655</b>	-					<b>4,124.02</b>
Account No.		<b>Trade Debt</b>				
<b>STANDRIDGE TIRE CENTER 101 N ASH PAULS VALLEY, OK 73075</b>	-					<b>34.00</b>
Account No.		<b>Trade Debt</b>				
<b>STANFILL, JOHN 18405 AUBURN MEADOWS DRIVE EDMOND, OK 73012</b>	-					<b>81.81</b>
Account No.		<b>Trade Debt</b>				
<b>STAPLES PRINT SOLUTIONS P O BOX 71928 CHICAGO, IL 60694</b>	-					<b>90.29</b>
Sheet no. <u>72</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>4,688.76</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>STERIS CORPORATION P O BOX 676548 DALLAS, TX 75267-6548</b>	-					<b>2,279.89</b>
Account No.		<b>Trade Debt</b>				
<b>STRETCHWELL, INC. P O BOX 3081 WARMINSTER, PA 18974</b>	-					<b>32.80</b>
Account No.		<b>Trade Debt</b>				
<b>STRYKER ENDOSCOPY C/O STRYKER SALES CORP P O BOX 93276 CHICAGO, IL 60673</b>	-					<b>11,054.99</b>
Account No.		<b>Trade Debt</b>				
<b>STRYKER SALES CORP P O BOX 93308 CHICAGO, IL 60673-3308</b>	-					<b>349.67</b>
Account No.		<b>Trade Debt</b>				
<b>SUDDENLINK P O BOX 660365 DALLAS, TX 75266-0365</b>	-					<b>642.47</b>
Sheet no. <u>73</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>14,359.82</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>SUGGS, JERRY R</b> <b>115 Miller Dr</b> <b>Pauls Valley, OK 73075</b>	-	<b>1/31/2011</b> <b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>	
Account No.  <b>SUPERIOR FIRE PROTECTION, INC.</b> <b>P O BOX 7480</b> <b>MONROE, LA 71211-7480</b>	-	<b>Trade Debt</b>				<b>175.00</b>	
Account No.  <b>SUTURE EXPRESS</b> <b>P O BOX 842806</b> <b>KANSAS CITY, MO 64184-2806</b>	-	<b>Trade Debt</b>				<b>527.27</b>	
Account No.  <b>SWAT COMMITTEE</b> <b>100 VALLEY DRIVE</b> <b>PAULS VALLEY, OK 73075</b>	-	<b>Trade Debt</b>				<b>71.00</b>	
Account No.  <b>SWIFT VIEW INC</b> <b>P O BOX 5000</b> <b>PORTLAND, OR 92708-5000</b>	-	<b>Trade Debt</b>				<b>2,394.00</b>	
Sheet no. <b>74</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,187.27</b>	

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		<b>Trade Debt</b>				
<b>TACY MEDICAL P O BOX 15807 FERNANDINA BEACH, FL 32035</b>	-					<b>101.29</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>			<b>X</b>	
<b>TALKINGTON, MELINDA K P O Box 685 Pauls Valley, OK 73075</b>	-					<b>60.00</b>
Account No.		<b>Trade Debt</b>				
<b>TAYLOR TECHNOLOGIES INC 31 LOVETON CIRCLE SPARKS, MD 21152</b>	-					<b>97.96</b>
Account No.		<b>Trade Debt</b>				
<b>TEAM MEDICAL 3421 GARY DRIVE PLANO, TX 75023</b>	-					<b>629.97</b>
Account No.		<b>Trade Debt</b>				
<b>TELEFLEX MEDICAL P O BOX 601608 CHARLOTTE, NC 28260-1608</b>	-					<b>144.64</b>
Sheet no. <u>75</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,033.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>11/30/2010</b>				
<b>TEMPLE, SETH D</b> <b>Rt 1 Box 25809</b> <b>Pauls Valley, OK 73075</b>		-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>22.93</b>
Account No.			<b>Trade Debt</b>				
<b>THERACOM LLC</b> <b>P O BOX 640105</b> <b>CINCINNATI, OH 45264-0105</b>		-					<b>6,812.35</b>
Account No.			<b>Trade Debt</b>				
<b>THIRD HELIX TECHNOLOGY</b> <b>810 WEST MAINE</b> <b>ENID, OK 73701</b>		-					<b>4,893.00</b>
Account No.			<b>Trade Debt</b>				
<b>THOMPSON BOBBY G</b> <b>2503 COUNTRYSIDE CIRCLE</b> <b>SPICEWOOD, TX 78669</b>		-					<b>10,678.50</b>
Account No.			<b>10/31/2010</b>				
<b>TORRES-LONG, PAULA</b> <b>201 East G Street</b> <b>Elmore City, OK 73433</b>		-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>38.37</b>
Sheet no. <u>76</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>22,445.15</b>
Subtotal (Total of this page)							<b>22,445.15</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>10/31/2010</b>				
<b>TORRES-LONG, PAULA</b> <b>201 East G Street</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>449.55</b>
Account No.		<b>10/31/2010</b>				
<b>TORRES-LONG, PAULA</b> <b>201 East G Street</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>52.33</b>
Account No.		<b>10/31/2010</b>				
<b>TORRES-LONG, PAULA</b> <b>201 East G Street</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>480.85</b>
Account No.		<b>Trade Debt</b>				
<b>TOTAL ELECTRIC OF OK, INC.</b> <b>P O BOX 87</b> <b>PAULS VALLEY, OK 73075</b>	-					<b>783.75</b>
Account No.		<b>Trade Debt</b>				
<b>TOTAL MEDICAL PERSONNEL</b> <b>STAFNG</b> <b>P O BOX 26243</b> <b>OKLAHOMA CITY, OK 73126</b>	-					<b>138,945.38</b>
Sheet no. <u>77</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>140,711.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>9/1/2010</b>				
<b>TURNER, MARY L</b> <b>202 East E Street</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.		<b>11/30/2010</b>				
<b>TURNER, MARY L</b> <b>202 East E Street</b> <b>Elmore City, OK 73433</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>20.00</b>
Account No.		<b>Trade Debt</b>				
<b>U S FOOD SERVICE</b> <b>P O BOX 973118</b> <b>DALLAS, TX 75397-3118</b>	-					<b>8,908.92</b>
Account No.		<b>Trade Debt</b>				
<b>UNIQUE PHARMACEUTICAL</b> <b>5920 SOUTH GEN. BRUCE DRIVE</b> <b>TEMPLE, TX 76502</b>	-					<b>281.79</b>
Account No.		<b>Trade Debt</b>				
<b>UNIVERSAL BUSINESS SYS/FORMS</b> <b>5326 W CRENSHAW ST</b> <b>TAMPA, FL 33634</b>	-					<b>211.10</b>
Sheet no. <b>78</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>9,441.81</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>VIDACARE CORPORATION DEPT 2474 PO BOX 122474 DALLAS, TX 75312-2474</b>	-					<b>351.04</b>
Account No.		<b>Trade Debt</b>				
<b>VIDEOWORKERS LLC 28107 S 4250 RD INOLA, OK 74036</b>	-					<b>500.00</b>
Account No.		<b>Trade Debt</b>				
<b>VITAL SYSTEMS OF OKLAHOMA, INC 1106 E HWY 152 MUSTANG, OK 73064</b>	-					<b>3,900.00</b>
Account No.		<b>Trade Debt</b>				
<b>VITALOGRAPH INC. P O BOX 26024 KANSAS CITY, MO 64196</b>	-					<b>71.00</b>
Account No.		<b>Trade Debt</b>				
<b>WASHITA EMERGENCY PHYSICIANS 1000 RIVER ROAD SUITE 100 CONSHOHOCKEN, PA 19428-2437</b>	-					<b>246.37</b>
Sheet no. <u>79</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>5,068.41</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>WATER QUALITY CONTROL, INC. 4205 N W 147TH STREET OKLAHOMA CITY, OK 73134-1812</b>	-					<b>389.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825</b>	-				<b>X</b>	<b>18.90</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825</b>	-				<b>X</b>	<b>18.88</b>
Account No.		<b>Trade Debt</b>				
<b>WES ENTERPRISES L.P. 108 HILL STREET KELLER, TX 76248</b>	-					<b>2,924.80</b>
Account No.		<b>Trade Debt</b>				
<b>WESCO DISTRIBUTION, INC. ABA 043000096 P O BOX 676780 DALLAS, TX 75267-6780</b>	-					<b>399.04</b>
Sheet no. <b>80</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,750.62</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Trade Debt</b>				
<b>WI STATE LAB OF HYGIENE P O BOX 78770 MADISON, WI 53278-0770</b>	-					<b>7,534.00</b>
Account No.		<b>Trade Debt</b>				
<b>WILKS PUBLICATIONS INC 170 E MAIN ST SUITE D PMB 277 HENDERSONVILLE, TN 37075</b>	-					<b>273.00</b>
Account No.		<b>1/31/2011 Patient Refund/Overpayment on Account</b>				
<b>WIMBERLY, SONYA D 34996 E CR 1650 Wynnewood, OK 73098</b>	-				<b>X</b>	<b>123.50</b>
Account No.		<b>Trade Debt</b>				
<b>WOLTERS KLUWER HEALTH INC. P O BOX 1590 HAGERSTOWN, MD 21741-1590</b>	-					<b>97.91</b>
Account No.		<b>9/1/2010 Patient Refund/Overpayment on Account</b>				
<b>WYATT, KATHY B P O Box 1142 Pauls Valley, OK 73075</b>	-				<b>X</b>	<b>25.00</b>
Sheet no. <u>81</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>8,053.41</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>11/30/2010</b>				
<b>WYATT, KATHY B</b> <b>P O Box 1142</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>25.00</b>
Account No.		<b>Trade Debt</b>				
<b>WYNNEWOOD CHAMBER OF COMMERCE</b> <b>P O BOX 616</b> <b>WYNNEWOOD, OK 73098</b>	-					<b>120.00</b>
Account No.		<b>Trade Debt</b>				
<b>WYNNEWOOD CITY UTILITIES AUTHR</b> <b>207 WEST ROB'T S. KERR BLVD</b> <b>WYNNEWOOD, OK 73098</b>	-					<b>709.26</b>
Account No.		<b>Trade Debt</b>				
<b>WYNNEWOOD GAZETTE</b> <b>P O BOX 309</b> <b>WYNNEWOOD, OK 73098</b>	-					<b>591.25</b>
Account No.		<b>9/1/2010</b>				
<b>ZACHRY, DOROTHY J</b> <b>217 N Locust</b> <b>Pauls Valley, OK 73075</b>	-	<b>Patient Refund/Overpayment on Account</b>			<b>X</b>	<b>160.00</b>
Sheet no. <b>82</b> of <b>82</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,605.51</b>
(Report on Summary of Schedules)						<b>Total</b> <b>3,424,565.62</b>